



(This report covers the period from June 1 of the preceding calendar year through June 1 of this year and is due on June 30)

NAME:	Celyn Chong Kee	STATE POSITION:	Public Liaison
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[illegible]

1 DONOR	2 DESCRIPTION OF GIFT	3 DATE REC'D	4 GIFT VALUE	5 AGG. VALUE
	RECEIVED			
	'05 JUN 30 P4:11			
	STATE OF HAWAII STATE ETHICS COMMISSION			

___ Check here if you have attached additional sheets.

CERTIFICATION: I hereby certify that the above is a true, correct, and complete statement.

Celyn Chong Lee
SIGNATURE

6/23/05
DATE